RHODE) WISLAMO

***FOR OFFICE USE ONLY***
Application Approved:
License Number:
Issue Date:
Signature of Board Administrator
ID#:
Receipt #:

# Rhode Island Office of Health Professionals Regulation - Acupuncture

Room 104 3 Capitol Hill Providence, RI 02908-5097

# Instructions and Application For License As An Acupuncturist Acupuncturist Assistant By Examination Endorsement

Phone: (401) 222-2828 TTY/TDD: (800) 745-5555 Fax: (401) 222-1272

Applicant - Print Name (First/MI/Last)

# **GENERAL INFORMATION**

### **Enclosures**

The following materials and information should be enclosed within this application packet:

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Interstate Verification Form - Other State Licensure	10

# **Eligibility**

• An applicant for licensure must meet the eligibility requirements. Refer to **Section 3.0** of the Rules and Regulations entitled "**Qualifications for Licensure**" (see link below).

# **Licensure Requirements**

- Fee of \$125.00 for Acupuncturist or Acupuncturist Assistant.
- Recent passport type photograph (2" X 2" head and shoulder view).
- Birth certificate (original or a copy notarized as being a true copy of the original), or if born outside the United States, proof of citizenship or lawful alien status, (original or a copy notarized as being a true copy of the original).
- Official Graduate transcript sent directly from the school of acupuncture to the Office of Health Profes sionals Regulation (no student copies accepted). <a href="MIMPORTANT:">IMPORTANT:</a> The college must translate total number of "UNITS" to total number of HOURS. If your transcript includes total number of units, you must ask for a separate letter from the college, which translates total number of units to HOURS.
- Completed and passed the "National Commission for the Certification of Acupuncture and Oriental Medicine" (NCCAOM) certification process and examination. Certification and examination results must be <u>sent directly</u> from the NCCAOM to the Office of Health Professionals Regulation.
- Three (3) statements of good moral character letters from two (2) licensed or registered Doctors of Acupuncture. Must be in original form, signed and dated.

# **Endorsement Candidates**

- All Requirements listed above.
- License verification(s) sent directly from the state(s) in which applicant holds or has held a license (use Interstate Verification Form for this purpose on page 10).

# Rules and Regulations/Laws

The "Rules and Regulations for Licensing Doctors of Acupuncture and Acupuncture Assistants" can be obtained at the following web site:

http://www.rules.state.ri.us/rules/released/pdf/DOH/DOH\_191\_.pdf

Title 5, Chapter 37.2, entitled: The Healing Art of Acupuncture can be downloaded at the following web site:

http://www.rilin.state.ri.us/Statutes/TITLE5/5-37.2/INDEX.HTM

# **APPLICATION PROCESS OVERVIEW**

The licensure process in the State of Rhode Island is conducted by the Rhode Island Department of Health (HEALTH), Office of Health Professionals Regulation.

# **Application Process**

In addition to the application, you must submit additional information directly to HEALTH. *All applicable items listed on the "Application Checklist"* (page 9) must be submitted for an application to be considered complete. All applications are considered valid for 1 year from the day they are received at HEALTH. If you do not complete the application process and obtain a license within 1 year, a new application must be submitted.

Please allow a minimum of 4-6 weeks for the entire licensure process to be completed. If you have a malpractice, criminal or disciplinary history in Rhode Island, or another state, it can take an additional 2 or 3 months to process your application.

Licenses will be issued within 7-10 working days following approval of the license. Wallet-sized license cards are mailed within 3 weeks from the date of issuance, and are mailed to the address furnished in the application. You are responsible for notifying the HEALTH office, in writing, if your address changes in the interim. HEALTH may be emailed an address change. The email address is located at the following web site.

http://www.health.ri.gov/hsr/professions/acup.php

To obtain your license number prior to receiving your license card, please refer to the HEALTH Licensee Lookup web site:

http://www.health.ri.gov/hsr/professions/license.php

HEALTH will not, for any reason, accelerate the processing of one applicant at the expense of others. Once <u>completed</u>, the application will be reviewed for eligibility and approval.

Please continue to review the remaining portions of this application packet for instructions and other materials necessary to complete the application. If you have any questions about this application process, or would like to check on the status of your application, please contact the HEALTH staff at (401) 222-2828.

# INSTRUCTIONS FOR COMPLETING THE LICENSE APPLICATION

Read the following instructions and those throughout the application packet carefully before completing the application. **Only complete applications with the appropriate fee will be accepted.** Failure to submit all required information and appropriate documentation may result in processing delays.

# **General Instructions**

- 1. Make a copy of the application and forms before you begin in case you make a mistake.
- 2. Type your information or print in blue or black ball-point pen. HEALTH staff will not make assumptions about illegible information.
- 3. Provide a response to each section or question; otherwise mark "N/A" for Not Applicable.
- 4. We suggest that you make a copy of your completed application before submitting it to HEALTH.
- 5. It is your responsibility to check on the status of your application.

# **Completing your Application**

- 1. Complete the application (pages 5-8). You must respond to <u>all</u> components of the application as instructed. If you attach separate pages in continuation of the application, such pages **MUST** clearly indicate the section for which such information is being reported.
- 2. Make check or money order (in U.S. funds only) for the application fee of \$125.00 payable to Rhode Island General Treasurer and staple it to the upper left-hand corner of the first (Top) page of the application. This application fee is NON-REFUNDABLE.
- 3. A completed official graduate transcript **sent directly** from an accredited institution to the Board at the address below. No student copies will be accepted.
- 4. Certification sent directly from the National Commission for the Certification of Acupuncture and Oriental Medicine (NCCAOM) to the Board at the address below.
- 5. License verification(s) sent directly from the state(s) in which applicant holds, or has held a license.
- 6. Mail the application and documentation to:

Rhode Island Department of Health
Office of Health Professionals Regulation
Acupuncture Application - Room 104
3 Capitol Hill
Providence, RI 02908-5097



# State of Rhode Island Office of Health Professionals Regulation

Application for a License as an Acupuncturist or Acupuncturist Assistant

Refer to the Application Instructions when completing these forms. Type or block print only. Do not use felt-tip pens. 1. Name(s) Title (i.e., Mr., Mrs., Ms., etc.) This is the name that will be printed on your License/Permit/ First Name Certificate and reported to those who inquire about your Middle Name License/ Permit/ Certificate. Do not use nicknames, etc. Surname, (Last Name) Suffix (i.e., Jr., Sr., II, III) Maiden, if applicable Name(s) under which originally licensed in another state, if different from above (First, Middle, Last). 2. Social Security Please Refer to "Mandatory Addendum to License Application" on the last page of this application Number U.S. Social Security Number 3. Gender Female Male 4. Date and Place 1 of Birth Day Month City and State; OR Province and Country, etc., if NOT U.S. 5. Home 1st Line Address (Apartment/Suite/Room Number, etc.) **Address** It is your responsibility to notify the board of all Second Line Address (Number and Street) address changes. City State Zip Code Country, If NOT U.S. Postal Code, If NOT U.S. Home Phone Home Fax Email Address (Format for email address is Username@domain e.g. applicant@isp.com) 6. Business **Address** Name of Business/Work Location (ONLY if it is **RELATED** to 1st Line Address (Department/Suite/Room Number, etc.) your license.) Second Line Address (Number and Street) It is your responsibility to notify the board of all address changes. City Zip Code This address will appear on the Country, If NOT U.S. Postal Code, If NOT U.S. Department of Health web site. Business Phone Extension **Business Fax** 

# Applicant: Print your complete last name > 7. Preferred Please use my **Home Address** as my preferred mailing address Mailing

Address Please check ONE	Please use my <b>Business Address</b> as my preferred mailing address
8. Qualifying Education  Please list the name and information about the school that you attended that qualifies you for this license.	Type of School (University, College, Technical School, etc.)  Name of School  Date Graduated: Month Year
	Degree Received (Bachelor of Arts, Master of Science, Diploma, etc.)  Is school an institute accredited by the National Accreditation Commission for Schools and Colleges of Acupuncture and Oriental Medicine? Yes No (Must be an accredited school to qualify for licensure in Rhode Island)
9. Other State License(s)	Have you ever held, or do you currently hold, a license in another state?
Please answer the question and list state(s), if applicable	If the answer to this question is "yes", enter all other state licenses in Question 10 (below):
10. Licensure	State/Country: State/Country:
List all states or countries in which	Active Inactive Active Inactive
you are now, or ever have been	Active Inactive Active Inactive
licensed to practice your profession*.	Active Inactive Active Inactive
	Active Inactive Active Inactive
	— Active Inactive — Active Inactive
	Active Inactive Active Inactive
	Active Inactive Active Inactive
	(*You must also request a License Verification (page 10) from all states that are listed above)

# Applicant: Print your complete last name >

11. Criminal Convictions  Respond to the question at the top of the section, then list any criminal conviction(s) in the space provided.  If necessary, you may continue on a separate 8½ x 11 sheet of paper.	Have you ever been convicted of a violation, plead Nolo Contendere, or entered a plea bargain to any federal, state or local statute, regulation, or ordinance or are any formal charges pending?  Abbreviation of State and Conviction¹ (e.g. CA - Illegal Possession of a Controlled Substance):	Month	Year	No
12. Disciplinary Questions Check either Yes or No for each question.	Has any Health Professional license, certificate, registration, or permit you hold or have held, been disciplined or are formal charges pending?      Have you ever been denied a license, certificate, registration or permit in any state?		es [	No No
	Note: If you answer "Yes" to any question, you are required to furnish complete details, includin and disposition of the matter. You may use the space below or, if needed, on a separate sheet of		ace, rea	ason

# 13. Affidavit of Applicant

Complete this section and sign in the presence of a notary public.

Make sure that you and the notary public have completed all components accurately and completely.

I,, being first du	uly sworn, depose and say that I am the
person referred to in the foregoing application and supporting of	documents.

I have read carefully the questions in the foregoing application and have answered them completely, without reservations of any kind, and I declare under penalty of perjury that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application, I hereby agree that such act shall constitute cause for denial, suspension or revocation of my license to practice as an Acupuncturist/Acupuncturist Assistant in the State of Rhode Island.

I understand that my records are protected under the Federal and State Regulations governing Mental Health Patient Records and cannot be disclosed without my written consent unless otherwise provided in the law. I understand that my records are protected under the Federal and State Laws and Regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR Part 2, and cannot be disclosed without my written consent unless otherwise provided in the regulations.

I understand that this is a continuing application and that I have an affirmative duty to inform the Rhode Island Office of Health Professionals Regulation - Acupuncture of any change in the answers to these questions after this application/affidavit is signed.

Signature of Applicant	Date of Signature (MM/DD/YY)

The foregoing instrument was acknowledged before me this	day of
, 20, by	,
who is personally known to me or has produced	
as documentation and did / did not take an oath.	

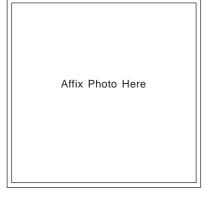
Name of Notary (Print, Type or Stamp)	Signature of Notary	
		:
Notary No/Commission No.	Commission Expiration Date (MM/DD/YY)	:
INULALY INU/CUITITIISSIUTI INU.	CUITITISSIUTI EXDITATION D'ALE (MIN/DD/TT)	

# 14. Recent Photograph

Securely tape or glue in this square a current 2" x 2" photograph of yourself (alone).

Photographs must be recent, passport type photo, clear, front view, full face without a hat or dark glasses.

Full length photos will not be accepted.





Write your name on the back of the photograph, and provide the date that the photograph was taken.

Date of Photograph

# **APPLICATION CHECKLIST**

Please review the following checklist to ensure that all the components of the application process have been satisfied. Some items may not apply.

<b>Board</b>	<u>pplication</u>						
	have read and understand the "Instructions for Completing the Application".						
	I have completed the Rhode Island Board application as instructed (pages 5-8).						
	have attached the cover page of the application.						
	have completed Section 13, "Affidavit of Applicant", and had the form notarized by a notary public.						
	have attached a photograph to Section 14, "Recent Photograph" as instructed. I have verified that it meets the photograph requirements as stated in the application.	he					
	have attached a birth certificate ( <i>original or a copy notarized as being a true copy of the original</i> ), or if born outside the United States, proof of citizenship or lawful alien status, ( <i>original or a copy notarized as being a tropy of the original</i> ), and understand that submitted documents will not be returned.						
	have a <b>check</b> or <b>money order</b> (preferred), made payable (in U.S. funds only) to the: " <b>Rhode Island General Treasurer</b> " in the amount of <b>\$125.00</b> and attached it to the upper left-hand corner of the first (Top) page of the application.						
	have arranged my Board Application materials in the following order.						
	1. Fee (attached as instructed).						
	2. Board Application (including cover page) and pages 5-8.						
	3. Supporting documentation as required. [ <b>Note:</b> Pages containing additional information in continuation of Board application MUST indicate the section for which the information is being reported.]	the					
	have mailed the above application materials directly to the Rhode Island Office of Health Professionals Regulation	on.					
Other [	ocuments						
	have requested a school transcript and my NCCAOM certification as instructed.						
	have requested three (3) statements of good moral character be sent to the RI Office of Health Professionals Regulation.						



# Rhode Island Office of Health Professionals Regulation - Acupuncture

Room 104, 3 Capitol Hill Providence, RI 02908-5097 (401) 222-2828

# INTERSTATE VERIFICATION FORM - OTHER STATE LICENSURE

I am applying for a license to practice as a Doctor of Acuput Professionals Regulation requires that the following form authority for you to release all information in your files, favor	be comp	leted by the jurisdiction(s) in which	I hold or have	e he	eld a lic	ense.	This constitute	
Print/Type Full Name	Signature				Date			
Previous Names Used		Social Security Number		Date of Birth				
License Number Date Issued		D DV THE ACHDUNCT	UDE OF		·E/D <i>C</i>		ND.	
THIS SECTION TO BE COMP Acupuncture Program Completed:	LCIC		Graduation Date:	10	E/BC	JAK	ά <b>υ</b>	
Licensed by Examination?	Applica  Yes	nt has completed and passed the NCCAOM Ex	kam:					
License Status:		Original Date Issued:	Expirat	ion [	Date:			
Questions:								
Has this licensee ever been investigated by your Board	d?				Yes		No	
2. Has this licensee incurred any disciplinary proceeding	s in your	state, or is any action pending?			Yes		No	
Has the applicant's license ever been denied, surrendered, reprimanded, suspended, revoked or placed on probation?			olaced		Yes		No	
4. Do you know of any information that may discredit this	person?	,			Yes		No	
If you answer "Yes" to questions 1-4, please provide a value order, complaint, etc.).	written ex	xplanation below, and attach a cop	by of all suppo	rtin	g docur	nenta	ation (e.g.,	
Certification:								
Signature Date				:			: : :	
Type or Print Name						Please ard Se	Affix : al Here :	
Title							:	
Full Name of Licensing Board								
Please return directly to the	Board a	t the above address. Thank you	ı for your pro	mp	t coop	eratio	on.	

# State of Rhode Island and Providence Plantations



# **DEPARTMENT OF HEALTH**

Office of the Director
Cannon Building
3 Capitol Hill
Providence, RI 02908-5097

# **Mandatory Addendum to License Application**

Verification of Social Security Number/Federal Employer Identification Number and affidavit concerning taxpayer status

Pursuant to Chapter 75 of Title 5 of the Rhode Island General Laws, as amended, any person applying for or renewing any license, permit, or other authority to conduct a business or occupation within Rhode Island must have filed all required state tax returns and paid all taxes due the state or must have entered into a written installment agreement to pay delinquent state taxes that is satisfactory to the Tax Administrator.

I hereby declare, under penalty of perjury, that I have filed all required state tax returns and have either paid all taxes due the state or have entered into a written installment agreement with the Rhode Island Division of Taxation.

	_	
Signature	Date	Social Security Number (SSN) or Federal Employer Identification Number (FEIN)

Furnishing the SSN and/or FEIN is mandatory. The SSN and/or FEIN will be transmitted to the Rhode Island Division of Taxation pursuant to Chapter 75 of Title 5 of the Rhode Island General Laws, as amended.

This form <u>MUST</u> be completed, signed and attached to your license application in order for us to process your application.